

PART B - FEE(S) TRANSMITTAL

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7590 02/21/2008

Westman, Champlin & Kelly
#1400
900 Second Avenue South
Minneapolis, MN 55402-3319

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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/687,326	10/16/2003	Robert Cronch	S01.12-1225/ STL 11150	8509

TITLE OF INVENTION: METHOD AND APPARATUS TO IMPROVE MAGNETIC DISC DRIVE RELIABILITY USING EXCESS UN-UTILIZED CAPACITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	05/21/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
CONTINO, PAUL F	2114	714-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> Kirk Cesari <input type="checkbox"/> Westman, Champlin & Kelly <input type="checkbox"/>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Seagate Technology LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Scotts Valley, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1123 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 3-6-2008

Typed or printed name Kirk A. Cesari

Registration No. 47,479

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